

Change of Address Request

Semester: Spring _____ Summer _____ Fall _____

Student ID: N _____ Email: _____@udc.edu

Name: _____
Last First Middle

PERMANENT ADDRESS Street, City, State, Zip	
MAILING ADDRESS Street, City, State, Zip	
NEXT OF KIN (To be notified in case of emergency) Name, Street, City, State, Zip	

Signature: _____ Date: _____

Received by: _____ Date: _____

Processed by: _____ Date: _____

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